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10/29/01**TELECOPIER TRANSMITTAL FORM**

DATE: October 9, 2001  
TO: Assistant Commissioner for Patents  
FIRM: USPTO, OIPE  
CITY, STATE: Washington, DC  
FAX #: (703) 308-7751

FROM: Kathleen Smith

TOTAL NUMBER OF PAGES: 2  
(INCLUDING THIS PAGE)

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**MESSAGE:**

Re: Request for Correction to Filing Receipt  
for U.S. Patent Application No. 09/412,969

Dear Sir/Madam:

Upon review of the enclosed Filing Receipt document for the above-referenced patent application, we noticed the following typographical errors:

Applicant Eric HSIAO's residence is SAN MARINO, CA and

Applicant Barry E. WILLNER 's residence is BRIARCLIFF MANOR, NY

Please forward the corrected filing receipt to us at your earliest convenience. In the meantime, if you have any questions or need additional information, please do not hesitate to contact our offices.

Sincerely,



Kathleen Smith  
Patent Paralegal

120-A99-137  
faxreqcorr filingreceipt.wpd

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PTO-103X  
(Rev. 6-99)

## FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GHP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/412,969	10/05/99	2711	\$1,072.00	BC9-99-024	9	33	4

NOV 16 1999

MICHAEL J BUCHENHOMER  
GUNSTER YOKLEY VALDES-FAULI & STEWART  
500 EAST BROWARD BLVD  
SUITE 1400  
FT LAUDERDALE FL 33394

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) JENNIE CHING, NORTHRIDGE, CA; ERIC HSIAO, ~~SANTA MARINE~~, *San Marino*  
CA; PETER S. LEE, CALABASAS PARK, CA; EDITH H STERN,  
BOCA RATON, FL; BARRY E. WILLNER, ~~MANOR~~, *Briarcliff Manor*, NY.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/01/99  
TITLE  
DYNAMIC COMPOSITION AT THE SET-TOP BOX

PRELIMINARY CLASS: 348

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DATA ENTRY BY: NEWTON, WILLIAM

TEAM: 04 DATE: 11/01/99

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(See reverse for important information)



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Bib Data Sheet

CONFIRMATION NO. 1335

<b>SERIAL NUMBER</b> 09/412,969	<b>FILING DATE</b> 10/05/1999 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> BC9-99-024
<b>APPLICANTS</b> JENNIE CHING, NORTHRIDGE, CA; ERIC HSIAO, SANTA MARINO, CA; PETER S. LEE, CALABASAS PARK, CA; EDITH H STERN, BOCA RATON, FL; BARRY E. WILLNER, BRIARCLIFF MANOR, NY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/01/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 33
				<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23334				
<b>TITLE</b> DYNAMIC COMPOSITION AT THE SET-TOP BOX				
<b>FILING FEE RECEIVED</b> 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	